

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 05/4716190	FILING DATE 6/30/99	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11	2						61		
12	2						62		
13	2						63		
14	2						64		
15	2						65		
16	2						66		
17	2						67		
18	2						68		
19	1						69		
20	1						70		
21	2						71		
22	2						72		
23	2						73		
24	2						74		
25							75		
26							76		
27							77		
28	0						78		
29	0						79		
30	1						80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	51	↓		↓		↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	52	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS